

List of NCPDP Reject/Error Codes		
NCPDP Reject Code	NCPDP Reject Code Description	Comments
01	M/I BIN Number	BIN = 022659 SB393 Drug Price Inquiry BIN = 022667
02	M/I Version number	
03	M/I Transaction code	Transactions allowed = B1, B2, B3, E1, P2, P3, P4
04	M/I Processor control number	PCN = 6334225 SB393 Drug Price Inquiry PCN = 393
05	M/I Service Provider number	Use the Pharmacy NPI only
06	M/I Group ID	Group ID = MediCalRx
07	M/I Cardholder ID	
08	M/I Person code	
09	M/I Date of Birth	Format is CCYYMMDD
10	M/I Patient Gender Code	Allowed Values: 1 = Male 2 = Female 3 = Unknown
11	M/I Patient Relationship Code	Allowed Value: 1 = Cardholder 3 = Child 4 = Other (use for Transplant Donor)
13	M/I Other coverage code	
15	M/I Date Of Service	Format = CCYYMMDD

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NCPDP Reject Code	NCPDP Reject Code Description	Comments
16	M/I Prescription/Service Reference Number	
17	M/I Fill Number	Enter 00 for new prescription Enter range from 01 – 99 for a refill
19	M/I Days' supply	
20	M/I Compound code	Allowed Values: 1 = Not a compound 2 = Compound
21	M/I Product/Service ID	NDC for non-compound claims "0" for compound claims
22	M/I Dispense As Written (DAW) /Product Selection code	
23	M/I Ingredient Cost Submitted	
25	M/I Prescriber Id	Use the prescriber's NPI number only
26	M/I Unit Of Measure	EA = Each GM = Grams ML = Milliliters
28	M/I Date prescription written	
29	M/I Number of refills authorized	
34	M/I Submission Clarification Code	
39	M/I Diagnosis code	
40	Pharmacy Not Contracted With Plan On Date Of Service	

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41	Submit Bill To Other Processor Or Primary Payer	Indicates the individual has other insurance coverage. See the additional message field for details (see <i>Section 10.0 – Coordination of Benefits</i> for additional details on COB/OHC)
50	Non-Matched Pharmacy Number	Use NPI number only
51	Non-Matched Group ID	Use MediCalRX only
52	Non-Matched Cardholder ID	
54	Non-Matched Product/Service ID Number	NDC for non-compound claims "0" for compound claims
56	Non-Matched Prescriber ID	Use prescriber's NPI number
60	Product/Service Not Covered For Patient Age	
61	Product/Service Not Covered For Patient Gender	
62	Patient/Card Holder ID Name Mismatch	
63	Institutionalized Patient Product/Service ID Not Covered	
64	Claim Submitted Does Not Match Prior Authorization	
65	Patient Is Not Covered	
66	Patient Age Exceeds Maximum Age	
67	Filled Before Coverage Effective	

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68	Filled After Coverage Expired	
69	Filled After Coverage Terminated	
6E	M/I Other Payer Reject Code	
6Z	Provider Not Elig to Perform Serv/Dispense Product	
70	Product/Service Not Covered	
71	Prescriber ID is Not Covered	
73	Refills Are Not Covered	
75	Prior Authorization Required	
76	Plan Limitations Exceeded	Check days' supply and metric decimal quantity
77	Discontinued Product/Service ID Number	
78	Cost Exceeds Maximum	
79	Refill Too Soon	75 percent or more days' supply of previous claim has not been utilized for non-controlled products 90 percent or more days' supply of previous has not been utilized for controlled products
7Y	Compounds Not Covered	
7Z	Compound Requires Two or More Ingredients	
80	Dx Code Submitted Does Not Meet Drug Cov Criteria	
81	Timely Filing Exceeded	Check the date of service

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82	Claim Is Post-Dated	Check the date of service
83	Duplicate Paid/Captured Claim	
84	Claim Has Not Been Paid/Captured	
85	Claim Not Processed	
87	Reversal Not Processed	Original claim not paid or Pharmacy NPI, Rx number, NDC does not match original claim
88	Dur Reject Error	
8H	Product/Service Only Covered on Compound Claim	
90	Host Hung Up	Processing host did not accept transmission
91	Host Response Error	Response not in appropriate format to be displayed
92	System Unavailable/Host Unavailable	Processing host did not accept transmission
99	Host Processing Error	Do not retransmit claim
9K	Cmpd Ing Component Cnt Exceeds Num Ing Supported	Compound claims with <i>more</i> than 25 ingredients will deny with this error code
559	Pharmacy is Sanctioned. No claims allowed for Pharmacy	
606	Brand Drug/Specific Labeler Code Required	
620	This Prod/Service may be covered under Medicare Part D.	

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645	Repkgd prod not covered by contract	
890	Pharmacy Not Enrolled with State Medicaid	
9G	Quantity Dispensed Exceeds Maximum Allowed	
9Q	Route of Administration Submitted Not Covered	
9T	Prior Auth Type Code Submitted Not Covered	
A1	Prescriber is Sanctioned. No claims allowed for Prescriber	
A2	ID Submitted is associated to Deceased Prescriber	
A5	Not covered Under Part D Law	
A6	Product/Service May Be Covered Under Medicare Part B	
AA	Patient Spenddown Not Met	
AF	Patient Enrolled Under Managed Care	
B2	M/I Service Provider ID Qualifier	
DX	M/I Patient Paid Amount Submitted	
M1	Patient Not Covered in this Aid Category	

List of NCPDP Reject/Error Codes		
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M4	Rx/Service Reference number/time limit exceeded	
MR	Product Not on Formulary	
N1	No Patient Match Found	
PZ	Non-Matched Unit of Measure to Product/Service ID	